

CCL 056
3/2003

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF CHILD CARE LICENSING AND REGULATION
1000 SW JACKSON, SUITE 200 * TOPEKA KS 66612-1274
PHONE (785) 368-7015 * FAX (785) 296-7025
Website: www.kdhe.state.ks.us/kidsnet/



INCIDENT REPORT FOR RESIDENTIAL CARE FACILITY

Facility/Agency: _____ License #: _____

Resident' Name/Address: _____

Specific Rule/policy violated: _____

Behavior of the Juvenile: _____

Describe actions(s) taken by staff members:

What preventive actions(s) were taken?

Was active physical restraint used? If so, describe here:

Was passive physical restraint used? If so, describe here:

Names of witnesses: (File separate reports)

Physical evidence and or contraband:

Juvenile's account of the incident:

AM
PM

Juvenile's Signature verifying account of incident:

Signature of reporting staff member/date and time of report

If Juvenile refused to read or sign the report, please indicate here: _____

(Place in resident's file)
ADDITIONAL COMMENTS:

cc: Local Health Depart. (Forward to KDHE for Review)